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What do younger children need for recovery from domestic abuse? Findings from in-depth qualitative family case studies

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Abstract

Purpose Despite substantive evidence of the impact that domestic abuse can have on children and young people, we still know relatively little about children's experiences of engaging with services aimed to support their recovery. Our research sought to explore with younger children, alongside their mothers, what supported children's engagement in services and what changes were achieved.

Methods Six in-depth qualitative case studies which included seven children aged under 12 and interviews with their mothers, alongside information drawn from the case records for each family.

Results Finding from the children's data identified four main themes: Supporting children's initial 'readiness' to engage; support for children's 'worries'; relational experiences; and engaging activities and tools. Children identified four main areas of positive change in their lives: wellbeing and confidence; behavioural change and positive coping strategies; home situation; and school and peers. Children also identified areas where improvements had not been achieved. Findings from interviews with mothers and emphasised the need for a range of complementary and tailored interventions to enable mothers to better understand the impact of domestic abuse for their children and to support their children's engagement in services.

Conclusion The case study approach provided a detailed picture of what facilitated children's engagement in domestic abuse support as well as the changes children identified. Our study provides strong evidence of the necessity of including, and prioritising, the views and experiences of children, including younger children, in studies of domestic abuse services which aim to support children's recovery.

Keywords Children · Domestic abuse · Recovery · Intervention · Evaluation

Background

It is estimated that globally as many as 275 million (one in seven) children experience domestic abuse in the home (WHO UNICEF, 2020). Alongside the high prevalence

rates, research has consistently shown that domestic abuse is associated with heightened risk of negative short- and long-term outcomes for children, including mental health and wider wellbeing concerns, behavioural difficulties, including aggression, and possible future victimisation in adult relationships (Doroudchi et al., 2023). However, not all children will experience these negative outcomes (Kitzmann et al., 2003).

In England and Wales, the Domestic Abuse Act (2021) now recognises that children who see, hear, or experience the effects of domestic abuse are victims in their own right and this strengthens their rights to support to overcome its effects. However, there is a shortfall in provision—a recent report from the Domestic Abuse Commissioner (2021) for England and Wales found that 75% of domestic abuse survivors surveyed who were parents reported that they were unable to get domestic abuse support for their children although they would have liked to. Further, little is known

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about children's, and especially younger children's views and experiences of engagement with domestic abuse services. As Beetham et al (2019) note, evaluations too frequently focus on the effectiveness of domestic abuse services for children, as reported by others, rather than children's own accounts of what support is desired, how it feels to receive support, and the outcomes (positive or negative) they may experience as a result.

Nevertheless, a small number of studies afford important insights into children's views on what they want from domestic abuse support. Two small scale studies provide findings in relation to younger children's views of group based domestic abuse support. Pernebo and Almqvist (2016) interviewed nine 4–6-year-olds in Sweden and found that children were most enthusiastic about the relationships they made with peers attending the intervention. Beetham et al., (2019) undertook interviews with four 7–10-year-olds attending the same UK group-based domestic abuse programme, highlighting the experiential and relational aspects of therapeutic spaces that can enable children to form relationships and construct meaningful identities. They conclude that children, including younger children, need to be consulted in inclusive ways to ensure domestic abuse support for children reflects their needs and is not solely reliant on adult interpretations of children's requirements.

The importance of group-based interventions, especially in assisting children to recognise they are not alone, reducing stigmatisation and forming positive supportive friendships are salient themes across studies. However, for various reasons, not all children will be willing or able to join group-based activities. This may be due to their personal preferences, a lack of 'readiness' to acknowledge abuse, difficulties in engaging in group settings, or owing to delays in 'filling' group sessions due to specified age ranges (Sharpe et al., 2011).

Onsjö et al's (2023) retrospective study explored how children exposed to domestic abuse experienced treatment at a Child and Adolescent Mental Health Service. Interviews with 17 children and young people 4–5 years after treatment identified the significance of the therapeutic relationship, and that trust, authentic interest, and reciprocity are crucial for children to engage in support. However, barriers including the child's own agency and external obstacles, especially continuous exposure to abuse, should not be underestimated.

Howarth et al. (2018) systematic review and qualitative synthesis of children's domestic abuse interventions identified seven papers where children's views had been included with a combined total of 125 children being represented. All papers reviewed highlighted the importance of personal readiness for children's engagement with therapeutic services. Many children expressed a desire to help their mothers (the non-abusing parent in all cases) or other children as their reason for engagement (see Humphreys et al., 2011).

Conversely, some children exercised little choice with the decision to participate being made by a parent or other adult; this lack of personal motivation and a feeling that their needs were based on adult assumptions often constituted a barrier to children's engagement (Cater, 2014). Children also frequently spoke about their reservations or fears about breaking the 'silence' around their domestic abuse experiences, especially in the early stages of the intervention. Children's accounts stressed the importance of their mother' giving 'permission' for them to talk and feeling safe to do so. However, sharing helped children to appreciate that they were not alone, and this in turn helped alleviate their sense of shame and guilt (Thompson, 2011).

Overall, we found very few studies that sought to explore the views and experiences of younger children accessing domestic abuse support. This is despite a shift, over the past two decades, towards greater acknowledgement of children's rights underpinned by the conceptualisation of children as active social actors (James & Prout, 2003) resulting in an emphasis on children's direct and full participation in research (Dockett & Perry, 2011; Leeson, 2014). This emphasise however has been less apparent in relation to including younger children in research on sensitive issues (Alderson & Morrow, 2020; Powell et al., 2020), and especially in research on abuse and trauma (Barter et al., 2024).

This exclusion can be attributed to traditional views of children, especially younger children, as constituting a vulnerable population due to their legal status as minors, their diminished social power, and the potential risks of their involvement (Martins et al., 2018). One consequence of this has been to undermine children's rights to participate in processes which impact on their lives (Collings et al., 2016). In addition, research has shown that mothers who have experienced domestic abuse, while not against children's involvement in research in principle, reported concerns about whether researchers could safely engage children and the need for trauma-safe and child-friendly research which was in the child's own interests (Mackey et al., 2024).

Researchers have demonstrated (Radford et al., 2017; Barter et al., 2024) that, with careful consideration of ethical procedures to ensure that information, processes and content are appropriate and accessible and that no harm is done (Malloy & Stolzenberg, 2019), younger children's views can be placed centrally in research. The lack of younger of children's voices in evaluations of domestic abuse services represents a significant gap in our knowledge. To further compound this omission there has been a relatively recent shift in domestic abuse support towards a more holistic provision which seeks to provide support to both children and non-abusing parents and in some instances perpetrators (see Stanley & Humphreys, 2017; Spratt et al., 2022). Generally, these interventions assign different workers to different family members (see Stanley & Humphreys, 2017; Spratt et al., 2022).

Although, evaluations of these services are growing, to our knowledge none have included the views of younger children. This paper seeks to address this gap by drawing on six qualitative case studies with each including younger children's and mothers' views and experiences of a holistic domestic abuse service. These were developed as part of a wider independent mixed-method evaluation of a whole family domestic abuse programme. These case studies are all situated within a broader ecological framework which acknowledges the central importance of children's own voices alongside the need to recognise the wider support mechanisms which underpin holistic or whole family approaches. Within this framework, it is however essential to acknowledge that the diverse voices represented—those of children; adult victims/survivors; service users; professionals—hold differential positions of power, where some actors' meanings are portrayed as more 'dominant' and 'reliable' than others. It is therefore especially important to recognise, as Eriksson and Appel Nissen (2017) caution, that adult 'expertise', as parents or professionals, can risk subsuming children's own meanings, identities and understandings about their own lives, reproducing societal control by constructing and strengthening normative ways to 'be'.

Our research questions centred around two interrelated themes – with children and mothers providing their perspectives: What worked to support younger children's engagement with domestic abuse services? and What changes were achieved for children? In developing these questions, engagement was not conceptualised as a binary construct (engaged/not engagement) but as a complex, interactive, multi-faceted and ongoing process (Yatchmenoff, 2005). We also recognise that engagement is often articulated and experienced differently by those who use and those who deliver services and can also vary in strength and quality across the time-span of service use and afterwards.

Intervention

The SafeLives Co-Designed Pilot Site (SLCDPS) programme was designed by SafeLives together with the organisation's pioneers (survivors and experts by experience) and comprised an integrated suite of five interventions that offered support to children and young people who had experienced domestic abuse, alongside adult survivors and, where appropriate, perpetrators. The five central components of the SLCDPS programme included:

- 1) Children and Young People's (CYP) work – one to one or group work,
- 2) Community Independent Domestic Violence Advisors (IDVA) – individual support for adult survivors,

- 3) Complex Needs IDVA – customised support to survivors with multiple or complex needs,
- 4) Step-Down and Recovery – a programme of recovery work for survivors and.
- 5) Engage – specialist support for perpetrators in families remaining together including support for the child and adult victim/survivor.

The programme, delivered in two sites, was designed as a holistic service with the ambition to deliver separate but co-ordinated interventions to all family members. These interventions were tailored to the needs of different groups so that survivors and their families could move between and through them. The children and young people's work was delivered via both individual and/or group-based interventions which varied by age. The 'Monkey Bob' toolkit was used with younger children (up to age seven) to promote emotional literacy and discuss safety. Children aged eight and above received tailored support which could include individual sessions using the Recovery toolkit and/or the 'Side by Side' parallel groups. The 'Tandem' intervention provided support for children who were displaying abusive behaviour. Across the programme, adult survivors could access individual and group-based support including domestic abuse awareness and recovery work, parenting support (Grow Together) and parallel groups for mothers and children ('Side by Side'). Individual counselling (for children and adults) and recovery peer support sessions were also available. Support for perpetrators was offered although none of the case studies included this.

Methods

The SLCDPS independent evaluation was undertaken between 2018 and 2021 and sought to identify change for service users including understanding the mechanisms and conditions that promoted positive change as well as barriers. Reflecting Skivington et al.'s (2021) framework for complex evaluations, we incorporated diverse stakeholder perspectives: including those of children and adults using the services, SLCDPS staff, programme managers and wider professionals (Stanley et al., 2021). A survivors' advisory group advised on the design of research tools, interpretation of findings and dissemination.

Service monitoring data was analysed to provide information on referral pathways, service user demographics and service use and is briefly outlined later in this paper to provide a wider context in which to situate the case studies. For the purpose of this paper, six family case studies were constructed to represent the range of family work undertaken with children and mothers. Due to Covid restrictions telephone or online interviews were conducted according to preference and availability. Interviews were adapted to

match children's ages and understanding and, for younger children, visual methods such as emotion cards were used. Six children were interviewed, and one child provided written notes. The participating children were aged 7–11. Some families had older or younger children who had also received support from the service but not all consented to participation (See Table 1). Six mothers were interviewed. Information drawn from the case records for each family contributed to a rounded picture of the work undertaken.

All case study interviews were recorded (with participant consent) and fully transcribed. Thematic analysis (Braun & Clarke, 2012) was used to develop and refine clusters of themes across cases, inductively and deductively, which were coded in NVivo software. We drew on Crowe et al's (2011) approach to analysis for collective case studies which allows for in-depth, multi-faceted explorations of complex issues in real-life settings. Building on the earlier thematic analysis, the collective case study analysis

Table 1 Case Study Narratives

Identified child and wider family needs	Nature and pattern of interventions
Case Study 1 Participants: Child 1 (female, aged 7) consented to participation in study; Child 2 (female, aged 13) recently moved to foster care and workers felt she was not ready to participate in the study; mother participated	
Initially, only the mother was supported as the children were living with their father at time of referral. Concerns had been raised about the father's abuse of both children and a protection plan was put in place. Due to this the younger child (Child 1) returned to live with the mother and Child 2 was placed in foster care. Support for Child 1 was centred on safety planning, exploring family dynamics and friendships. Both children needed support due to their separation and school changes. Mother required support with custody, court processes and recovery	Child 1 had individual support using the Monkey Bob toolkit, followed by ad-hoc support regarding school transitions and advocacy at child protection conference meetings. At the time of interview Mother had been receiving support from the service for 18 months. She had received IDVA support and attended both Freedom and Pattern Changing courses. SLCDP staff liaised closely with children's social care and other support services for the family
Case Study 2 participants: Child 1 (female aged 11) consented to participation in study, Child 2 (male, aged 17) declined, mother participated	
The family was referred to the service due to Child 1's mental health difficulties, including anxiety, anger, depression and flashbacks to domestic abuse incidents which took place 6 years previously. An initial assessment identified that the mother could benefit from support with parenting and family relationships	The CYP worker met with Child 1 individually for seven months and supported him to access both specialist mental health and educational support. Although initially the mother felt she was 'not ready' for SLCDPS services after 5 months she attended the 'Side by Side' course with Child 2 and later peer support groups
Case Study 3 participants: Child 1 (male, aged 10) and Child 2 (female, aged 7) consented to participation in study, Mother participated	
A school support worker referred Child 1 to the service for help with his aggressive behaviour. Mother described how the family needed support for unresolved trauma from the abuse that took place when the children were younger. Child 2 required support for emotional literacy, talking about worries and family communication	Child 1 attended the 'Side by Side' group with his mother. Child 2 completed the Monkey Bob course which was followed by supplementary sessions with the CYP worker. Mother received IDVA support and attended all four of the adult and parenting courses offered by the service. She later volunteered as a peer supporter for the service
Case Study 4 participants: Child 1 (male, aged 11) consented to participation in study, Child 2 (female, aged 6) declined, mother participated	
Child 1 needed support with safety planning, understanding emotions, managing worries and sleep difficulties. Mother also needed further recovery work and support with court proceedings	Both children had individual sessions over eight months. Mother initially did not want any support but, after an introductory meeting, she attended adult-focused recovery/support groups and additional individual support for family court proceedings
Case Study 5 participants: Child 1 (female, aged 13) declined; Child 2 (male, aged 7) consented to providing a written submission, mother participated	
The family was referred by children's social services following concerns about the mother's ex-partner's contact with the children. Both children were identified as needing support to voice their feelings about contact, as well as with expressing and understanding feelings, anxiety and safety planning. For Child 1 resilience and emotional regulation were identified as important	The CYP worker held separate online weekly sessions with the children over a five-month period. Sessions with Child 2 drew on established interventions and used craft materials, toys and photographs to promote expression of feelings. Although the mother had regular brief chats with the worker, she did not feel ready for further involvement
Case Study 6 participants: Child 1 (female, aged 10) consented to participation in study, Child 2 (female, aged 3) too young to receive support from SLCDP, mother participated	
The family was referred by Early Help and a local high-risk domestic abuse service. Child 1 was felt to require support with understanding healthy relationships and managing anxiety. Mum needed emotional support regarding her recent separation from the children's father and with managing the children's contact with him	Child 1 experienced delays in starting their sessions, at the time of interview she had had 5 individual support sessions from the CYP worker, drawing on creative approaches and workbooks to focus on family relationships and managing anxiety. The mother received IDVA support mostly over the telephone, for five months followed by the 'Grow Together' and recovery courses

firstly paid attention to variations within each case before making comparisons sequentially across cases considering the differential perspectives in each one but giving priority to children's own voices. From this, a case study framework was developed to examine these similarities and differences both within themes and case studies and within and across different groups to ensure different perspectives were represented and power differentials explicitly acknowledged.

Ethical approval for the study was received from the University of Central Lancashire's ethics committee. In line with research guidance (Women's Aid, 2020), the safety and well-being of all participants was prioritised throughout the evaluation. Case study families were identified in consultation with service providers. Children's consent was first sought through the resident parent. All participants were provided with appropriately formatted information about the evaluation and gave informed consent both prior to the interview and at its start. Participants were informed that data was confidential and anonymised. Participants were reminded that they could choose not to answer questions and also stop the interview at any time without giving any reasons, and this was role played with children at the start of interviews. Children could decide how they would like to be involved. One child chose to not appear on screen by moving away from the laptop, another turned their camera off and one young person decided to provide written responses. Shopping vouchers were given to all mothers and children interviewed to thank them for their time. Numerical identifiers were assigned to ensure anonymity and interviewing was planned to ensure that interviews could take place safely without being overheard. Interviewees were directed to sources of support if required. During the pandemic, safety was ensured through careful consultation between evaluators and SLCDPS staff.

Limitations

The COVID-19 pandemic restrictions had a considerable impact on programme recruitment, delivery and research practice. The SLCDPS programme remained operational throughout national lockdowns although some interventions were only partially implemented. Staff had less capacity to support study recruitment. Children proved particularly difficult to recruit to the study once the option of attending school-based groups became unavailable. Most interviewing had to be undertaken online or by telephone. We were also unable to include any families from minoritized groups (see monitoring data below) whose views and experiences may not reflect the case studies presented. However, there were opportunities to study how children and mothers experienced the shift to remote delivery of services and these findings have been reported elsewhere (Richardson Foster et al. 2022).

Who used the programme?

Over the two-year evaluation period, service monitoring data showed that 270 children and young people used SLCDPS support, with a roughly equal gender divide. The majority (41%) were aged 8–11 years, 27% were aged 5 to 7 and 28% were above 12 years old. Most were of white ethnicity (83%) and 12% were from racially minoritized groups. Overall, 42% of children were currently exposed to domestic abuse at home and a quarter had experienced perpetrators using contact visits as an opportunity to continue the abuse.

Over the same period 481 adult female survivors used the service, over four-fifths had a child involved in their case, although not all children engaged with SLCDPS services. Three-quarters were aged 26 to 45 years and most (83%) described themselves as White, reflecting the ethnic breakdowns of the catchment areas. Children's social care (CSC) was a key referral agency, with a quarter of survivors having some form of CSC involvement.

Findings

Case study families presented with a range of issues relating to their experiences of domestic abuse however, in most instances, mothers were seeking specific support with possible child protection proceedings and ongoing contact issues. Table 1 provides a narrative overview of the 6 case studies including reasons for referral and SLCDPS support used.

This section initially outlines the findings from the analysis of the children's data for the research question: what worked to support younger children's engagement with domestic abuse services? From the children's data, we identified four main themes on what supported their engagement in services: supporting children's personal readiness to engage; support around worries and concerns; relational experiences; and engaging activities and tools.

Following this, we explore mothers' perspectives on what worked to support children's engagement. Three areas are identified: child focussed work with mothers; child focused advocacy; and group work and peer mentoring for mothers.

We then focus on the second research question: What changes were achieved for children?

Findings children's interviews

Supporting children's personal readiness to engage

We asked children what, if anything, had supported their engagement with the CYP service at the outset. In response,

many children voiced their initial reservations about engagement with the CYP worker, often due to shyness and being unsure about what to expect:

Researcher: *What kind of face do you think you would have had at the beginning (researcher shows child a card with lots of different expressions on it)?*

Child (CS1): *Number two, the one where it's a bit zig-zaggy. Like a little bit worried*

Researcher: *Ok a bit worried... So what did you think it might be like?*

Child (CS1): *Hmmm. I don't know.*

Child (CS6) *I don't like think I knew (what to expect) I was a bit like, oh.*

However, most were also excited about the meeting and starting the support: *'a bit shy and nervous and a bit happy'* (Child 2, CS3). Parents explaining what to expect was helpful in preparing children for engagement in the initial sessions:

Child (CS4): *She (mother) said that she'll come and we'll go into a little shed, a little place in our garden, and I was like, OK... cool, and a bit excited. Yes, I think my mum said, be honest about stuff, like be honest. So, yes, I was very calm.*

Children's personal readiness to engage was also supported by workers in the initial sessions where their anxieties were reduced through rapport building and moving at children's own pace:

Child (2, CS3): *When I first was there, I didn't know what was happening and I felt really shy and nervous and scared. But then I thought it was really fun and I was really happy.*

Children commented that engagement was supported by workers who took time to get to know them, clearly explained what they would be doing in the support sessions, took the trouble to understand what was important to them and were relatable: *Well, I would describe [CYP worker] as nice, understandable...* (Child, CS2).

Support around worries and concerns

Most children stated that they wanted support around the 'worries' they were experiencing in their lives due to their experiences of domestic abuse: Child (CS2): *I think that one of the main reasons I saw (name of worker), was sort of about my worries.*

Some had concerns around their ability to regulate their emotions:

Child (CS4) *Talk about our family stuff...so like sometimes she'll get like a little book out and it's like*

whether you feel angry or whether you feel calm or something...When do you feel scared, when do you feel angry...One of the times she said, what do you feel like when you wake up? And around then, I was sick, and I felt sick whenever I woke up.

From children's accounts, it was clear that their worker often helped them to identify the specific worries or concerns they wanted to focus on. Children were also actively involved in decisions about which concerns were addressed in sessions: Child (CS4) *One time my mum was being really, really annoying ... we talked about that ... so that was quite nice.*

Relational Experiences

Building on their initial impressions of workers, children generally spoke very positively about the support they had received, reporting that the trusting and positive relationship with their worker was key: Child (CS5) *I miss speaking to her – not for anymore help but I just miss it: she has been a lovely kind person to me.* Humour was often identified as an important component of building this rapport: Child 2 (CS3) *She's funny, she always makes me laugh.*

Children and practitioners themselves reported on the ways in which workers sought to ensure environments were conducive to developing supportive relationships; in the example below, the sessions were moved from the child's school, where they felt uncomfortable, to an external venue:

Child (CS2) *The first couple of weeks [my worker] would meet me at school and I'd take time out of the lesson to see her. And then, after a few weeks we'd do it after school at Starbucks...(and) I could get a drink.*

However, although all children reported affirmative views on the support they had received, some also identified barriers, this included inconsistency in workers' engagement and the move from face-to-face contact to virtual sessions due to Covid restriction:

Child (CS6) *It's good but like she doesn't always like turn up when she says she is... she said she would do like this mind plaything, and then she didn't come the next week or the week after that. And then the week she came, she didn't bring it with her.*

Child (CS5). *...the only thing was I would like to have seen her [the worker] here. But Corona meant she couldn't come to see us anymore.*

Engaging activities and tools

A central facilitator to engagement in session, often spontaneously identified by children, was the use of fun, engaging and creative activities. Children identified that these

activities and props facilitated expression of feelings through supporting an open and comfortable dialogue between the child and the worker as well as assisting emotional regulation:

Child 2 (CS3) *A worry jar and I had all my stuff in a folder, all my papers in a folder and a sheet of feelings. So, we could put, we could choose what we're feeling today and I like it. And as well, we had something to send, like they sent it to us.*

Child (CS6): *She (worker) brought in like a notebook, kind of thing, and we got to decorate the front page and she put some things for me to like write down. That was fun...I put my worries in. If I'm like sad, I would like draw like happy things.*

Props used in sessions, such as the 'worry jar' or 'Monkey Bob', provided a safe conduit through which children could share their feelings and concerns. The significance of these props in supporting children is clearly demonstrated in the quote below, where the child had given the prop to her friend who she felt needed it:

Child (CS2) *She (CYP worker) recommended this worry monster thing, it's like a teddy and its mouth opened up, so I could write something I'm worrying about and put it in...so I'd do that whenever I felt worried, I'd just write it down and put it in...We gave the worry monster to my friend who also started worrying, as now I don't.*

As shown above, central to many of these activities was support for the child to write down their worries, providing an embodied representation of their concerns which could then be revisited in later sessions or passed onto others, with the child's agreement. For example, in some cases, children spoke about how these activities had enabled them to share their worries with their mothers alleviating their anxieties about upsetting feelings or adding to their concerns:

Child (CS1): (Monkey Bob) *He's a rainbow (teddy). He had things that sewn on like picture on him... He's for worries! I tell him the worries and then mummy goes up to him and he tells her the worries.*

These inscribed 'worries' formed the basis for work with mothers to enable them to better understand their children's needs and how they could help to address them, as outlined later in the paper. In several of the case studies, a key aspect of this creative support was to enable children's engagement in identifying and talking about their experiences of past or in some cases current trauma, often associated with continuing contact visits. In the example below, an activity was specifically designed to support a child with recurrent nightmares about 'him', their abusive father (the child referred to their father in this way throughout the interview), who they

still had contact visits with (although see outcomes section below):

Child (CS5): *I mostly enjoyed making the dream catcher to take away my bad dreams about "him". We did this on Facetime together. When I got to know (worker) I got used to speaking to her about how I felt and doing the activities made it easier to chat.*

For some children, support with anger management and the provision of positive coping mechanisms were assisted by memorable creative activities, in this instance, a carbonated drink was used as a prop:

Child 1 (CS3): *It was all anger building up and then it eventually explodes (gesturing a shaken carbonated drink)...(so) instead, let little bits out at a time*

Other activities, for example, Helping Hands, sought to identify supportive adults in the child's life, both within their immediate family as well as externally:

Child (CS1) *What you've got to do is you've got to get some paint, put it on your hand, then you put it on a piece of paper and after you get a black pen and write who you'd talk to about your worries.*

Child (CS5) *I know I can speak out to my teachers if I am worried or have had bad dreams. They are my "helping hands".*

Child 2 (CS3): *I got to do this hand about who you would talk to if you're ever scared, five things, our thumb and our four fingers.*

Although at the beginning of the interview, the above child (CS3) could not remember which adults had been included in their helping hand; at the end of the conversation, they returned to this point and remembered that their teachers were included on the hand.

Lastly children spoke about their enjoyment of engaging in activities unrelated to their past experiences of harm, although it should also be noted that in the quote below the child articulates compliance through 'I had to go' rather than her agency.

Child 1 (CS3): *I had to go to a place with her and do some activities, like draw or colour, and I got to read some books and play some more if there was a bit more time left.*

Findings from Mothers' Interviews

In the above section we have focused on younger children's views and experiences of what supported their engagement with domestic abuse services. However, it is important to acknowledge that this did not occur in isolation; case study mothers also received associated services which sought to

work holistically with non-abusing parents and practitioners described mothers' engagement with the service as facilitating the support they were able to offer children. Support enabled mothers to indirectly facilitate their child's engagement with the service due to an increased understanding of their children's needs. Mothers spoke about how SLCDPS services had provided them with a better understanding of the impact of domestic abuse for themselves as well as for their children, provided strategies to respond to their children's worries and concerns and in some cases reflect on their parenting and family dynamics. Mothers also provided direct accounts of how their children's engagement had been facilitated, which we now explore across three areas: Child focussed work with mothers; child focused advocacy; and group work and peer mentoring for mothers. It is important to note that, although multiple forms of support were available, it was the mother's decision which, if any, to engage with.

Child Focussed Work with Mothers

The child focused work with mothers took place alongside the direct work with children, with both having their own dedicated workers:

Mother (CS3) *It was really good, having it separate and then coming together. And then on the way home, after these classes, that we'd both talk about a lot of things together, and he really enjoyed having that time and stuff.*

Mothers recognised the benefits of children feeding concerns back to them, through their CYP worker, mothers could then address these concerns with their own support worker. Similarly, mothers could also communicate to the CYP worker either directly or through their support worker any concerns or family changes they felt needed to be covered in the work with their child:

Mother (CS1) *I'd contact (worker) just to say that [my daughter's] feeling a bit low or there was something that was worrying me, and she'd just ring in to see if she's OK. She'd print off little activities that we could do together, like Helping Hands.*

Due to this reciprocal support model, which provided discrete spaces for children and their non-abusing parents, mothers and practitioners identified that children's engagement was facilitated by a service that was 'just for them' and having space to talk about their worries without their mothers being present:

Mother (CS4): *It was just...finding [the CYP worker] comfortable to speak [to], you know, he can speak whatever he likes and it's not mum, if that makes sense.*

Mother (CS6) *I'm not sure that [daughter] always wants to talk to me about everything. And so... if she just had an outlet, that she could just say, 'I'm so upset about this and I don't want to talk to mummy because I don't want to upset her. I can't talk to daddy because he'll get cross with me.*

However, barriers to children's engagement were identified. The mother quoted above also spoke about her disappointment that a strong relationship was unable to develop due to a lack of consistency in relation to the CYP worker's visits:

Mother (CS6) *They (children) just need a constant... to have that extra person, just to go, phew, I know that [my daughter's] safe with this person, she can talk to them about whatever and they can build a relationship...There just hasn't been that.*

Child Focused Advocacy

Mothers and practitioners described how workers supported children's engagement through ensuring their voices were heard and represented in decisions about their safety plans, contact and in child protection cases. In one case a mother had told the worker that her child was very anxious about starting a new school. The CYP worker was then able to explore with them their worries which centred on safety concerns around their father. The worker supported them to write a safety plan, in their own words, about what they wanted the schools to do if their father arrived at public school events stating that he was not allowed to remove them from the school premises under any circumstances. The child and their mother then took the plan to the new school and procedures were put in place to ensure it was adhered to.

Another mother (CS5) reported how her children had been supported to contribute their views to a report as part of the ongoing court proceedings enabling both her children to actively engage in the process: '*find a voice and realise that what had happened to them was not their fault*'.

Group Work and Peer Mentoring

Mothers also described how group work helped them realise they were 'not alone' and that the issues and concerns they faced in relation to their children's wellbeing were not their fault:

Mother (CS6) *It was thought provoking at times and it can be quite sort of upsetting as well...And you're there with like-minded people that have been through similar situations.*

Mother (SC3) *Because there's so many people (in the group) that you realise as well that have gone through*

it, and their children, I think it's just, you know, wanting to make sure that everyone gets the help that they can because it is out there.

Case Study Outcomes

Having explored the experiences and views of children and mothers on what supported children's engagement we now look at what changes this achieved for children. Children identified a range of positive outcomes due to the service and these centred on four main areas: Wellbeing and confidence; behavioural change and positive coping strategies; home situation; school and peers. Mothers also reported positive outcomes for children in these areas.

Wellbeing and Confidence

All children were able to identify improvements in their wellbeing due to the support they had received. They described reduced anxiety levels, *'I do worry a lot less now'* (CS 2), increased feelings of happiness, *'Big smiley face now'* (Child, CS 1), *I wasn't all like happy all the time and things, and now I am.* (Child CS6) and confidence:

Child (CS5): *I feel more secure and I know people will listen to me and what I want more. I think I am more confident. I understand my feelings more and know that it is ok to feel whatever it is I am feeling.*

Behavioural Change and Positive Coping

Children (as well as parents) noticed improvements in behaviour and reported using constructive coping strategies to deal with stressful situations:

Child (CS4): *I do get angry, but I'm a little bit better. Yes, I'm a little bit better. It's more whenever like somebody calls me names. Back in my old school I'd normally punch them.*

Home Situations

Positive outcomes regarding their home situations were identified by some children:

Child 1 (CS3): *It's been a lot better at home and I'm always happy now. I used to be always angry and not happy but now I'm a lot happier.*

In contrast this child's younger sibling stated that it was only *'a bit better'* at home, illustrating that siblings may have different experiences within the same family settling. Other children also held more mixed views on improvements

in their home situations, illustrating the need for long-term support to address entrenched family dynamics due to the trauma experienced and especially in situations involving ongoing court issues:

She (mum) doesn't swear as much, that's really the only thing. (Child, CS 4).

I don't think it really changed anything family wise. (Child, CS 2).

However, one child reported that the support their family had received had enabled their mother to recognise the impact of contact with their abusive father:

Child (CS5) *Mummy can now understand that we don't want to see or speak to 'him' anymore and [worker] has helped mummy see that we don't have to. She has stopped making us accept his calls and we are happier. I can speak about how I feel and mummy will understand me more.*

School and Peers

Another area of improvements reported by children related to school and their peers. In the example below, positive anger management strategies had led to substantial improvements at school and in their friendships, as illustrated by the child's response below when asked about schools and friend:

Child 1 (CS3): *Yes, it's fine now, I don't worry about that anymore. It's great, it's definitely changed, I've got loads of friends.*

Similarly, mothers reported an equivalent, although a wider, range of positive outcomes for children.

Increased Confidence

In several cases parents described children developing greater understanding of their feelings and the ability and confidence to articulate their thoughts:

Mother (CS4) *So, he's really in touch with how he feels and said like, yes, I will do it or no, I won't. So, because we were very controlled as well, so we didn't have much voice, any of us. So, now [child's name] like I'm warming up a little bit.*

In the above account this mother is describing her son who reported (see earlier section) that the only aspect of the home situation that had improved was their mother's swearing (which may in itself reflect more positive parenting and discipline methods). Nevertheless, the comment highlights that all views within a family need to be reflected upon.

Mothers reported that their children had also experienced improvements in mood, sleep, physical health and reductions in fear and anger.

Mother (CS5): *Before, he was just like, no, I want to sleep with you mummy, I'm scared. Now, it's just like (when he asks to sleep with her) I feel more it's a choice and he likes it, not because he's scared...before, he would see a similar car to his dad or a man looks like his dad, he would panic, or if he sees a police car he will panic. Now he's more relaxed.*

There was also evidence of children successfully navigating key transitions in schooling:

Mother (CS2): *She's (daughter) a lot more happier, she started high school and ...that's all been a positive... whereas before, she was like, she didn't have hardly any friends and she weren't happy, and she was always ill. But there's none of that now and she's making new friends and getting a bit cheeky as well.*

Parents reported engaging in self-reflection and discovery due to the support they had received which in turn led to greater awareness about how the abuse and their own feelings may have affected their children:

Mother (CS3) *Because of the support I received and the support the children received...I have more knowledge now, before I didn't have understanding ...then I did the course...that the impact was on the children as well. So, I can see that more clear...and it's just easier to deal with that as well.*

Enhanced Family Communication

Mothers reported positive impacts on the amount and style of communication between mothers and children, particularly in respect of talking about the abuse they had experienced. This enhanced communication had a positive effect on mothers' ability to manage children's behaviour and enabled children to develop empathy for their mothers:

Mother (CS4) *After...a few sessions with him, I don't know what exactly she (worker) done, but he became like, OK, I see. So, it's kind of listening to my side as well, instead of like, no, you're wrong...then we kind of manage to have a conversation.*

Sustainability of the tools used was apparent in some families who had continued to make use of them once they had completed the programme.

At the end of the interviews, children were asked to say what their best future looked like. For some this still, to lesser or greater extent, revolved around a desire to be trauma free: *'When I'm never angry or sad'; 'To stay with*

mummy and [sister] and have a cat. To see [my grandparents] lots, to be happy and safe and not see "him" again... to work with animals'.

While other children were able to provide illustrations of aspirations which seems to be less embedded in their previous experiences of trauma and harm: *'I would like to have a horse yard, a swimming pool and long hair...and a really big house'; (if) 'I owned a bookshop, and it was relatively popular'; 'I want to be an actress, specifically at Disney Land.... I do kind of want to start a family.'*

Discussion

The case study approach (Crowe et al., 2011) facilitated a detailed picture of what supported younger children's engagement in CYP services and what changes were achieved. The paper focuses primarily on children's accounts and experiences, supplemented by their mothers. We have also aimed to identify places where mothers' and children's accounts diverge. To achieve this, we have conceptualised children, including younger children, as knowing and component actors in their own recoveries (James & Prout, 2003, Richardson et al., 2022), rejecting notions of infantilized and ideological discourses of childhood passivity (Rosen & Twamley, 2018) which service to silence and undermine children's agentic capacity. Within this conceptualisation we also acknowledge that children's agency should be viewed as a spectrum with children being simultaneously dependent and independent in relation to different aspects of their lives (Esser et al., 2016). As Abebe (2019) argues we need to understand the structural context and relational intergenerational practices which shape children's experiences of agency. This recognises that children's agency is experienced and shaped through their relationships with family, friends and wider social networks. As such our findings have sought to illuminate the ways in which children experiences of engagement with domestic abuse support were mediated and shaped around those of their mothers, peers and practitioners. Demonstrating what Abebe calls *interdependent agency* – the way in which intergenerational relational practices between children and adults shape the lives of children, their 'choices' and the type of future they might experience.

Our analysis of the children's data yielded four main themes where they spoke about relational practices in respect of engagement: Supporting children's personal readiness to engage; support around worries and concerns; relational experiences; and engaging activities and tools. Our study has identified key features that can be used as building blocks to support the active engagement of children in domestic abuse programmes.

Our findings on children's personal readiness to engage in domestic abuse services requires careful contextualisation

as children, especially younger children, have little choice about being referred to services or their own participation (Howarth et al., 2018). This was further illuminated in our study through children's articulations of compliance, *'I had to'*, rather than expressions of agentic engagement. It is also important to recognise that children in our study did not refer to being 'ready' to engage in support, reflecting previous findings (Humphreys et al., 2011). They did however describe co-existing and often conflicting emotions about their initial engagement, with narratives of both anxieties and excitement about receiving support. Some of these reservations reflected wider traits children identified in their lives, especially around shyness. However, other anxieties centred around a lack of understanding around what to expect or what was involved. Alongside these concerns most also emphasised their expectations and excitement about the opportunity to engage in support around their 'worries'. This represented a powerful and positive narrative in children's accounts where their active positioning of potential change and space to have their worries acknowledged was an important driver of their contextualised personal readiness to engage.

Although some of children's initial worries, such as shyness, can only be mitigated through relational work, the provision of appropriate and engaging information material (authors own) outlining what kind of support is available, with choice and consent recognised as ongoing and open to modification, would help to alleviate some of these early reservations and support contextual engagement. We would argue that the lack of appropriate information not only inhibited children's initial engagement but may also reflect a lack of recognition of children, and perhaps especially younger children, as agentic agents where their personal agency and 'choices' requires intergenerational support. It is however vital to also recognise that a child's personal readiness to engage or not engage needs to be viewed within a wider contextual framework which includes the influence of wider family (including contact with the perpetrator) social and cultural factors. As Abebe (2019: pp 1.) argues 'it is important to go beyond the recognition that children are social actors to reveal the social, cultural, material, and political contexts as well as relational processes within which their everyday agency unfolds.'

Children in the case studies did not overtly talk about power in relation to their engagement in the programme. However, they did stress the importance of sharing their experiences and associated worries in an environment where they felt listened to, safe and had control over which 'worries' they wanted to reveal and when (see Houghton, 2015; Cater, 2014). This engagement was further facilitated by 'relatable', authentic and consistent practitioners who advocated for their views. This extends work by Beetham et al (2019), who also described children's recoveries achieved

through group work as relational and agentic. The use of humour and fun were also used to build a relational space for engagement where disclosures and anger could be shared (Vikander & Källström, 2024), deescalating the intensity of discussions and facilitating children to tell their stories. However, one child spoke about feeling let down due to a worker's inconsistency, emphasising the importance of reciprocity in building therapeutic relationships. The use of creative play, activities and props, tailored to the child's age and need, enabled children to explore their worries and anxieties within an immersive context of fun and play (Burris & Tsao, 2002). As others have also highlighted (Beetham et al., 2019, Pernebo and Almquist 2016), our findings strongly counteract social discourses that children who experience domestic abuse cannot also have fun. Children spoke powerfully about 'fun' and creative activities as building blocks to support engagement through the development of meaningful relationships with practitioners and as mechanisms for naming worries, providing strategies for change (for example the carbonated drink analogy) and explorations of recovery. The embodied act of ascribing worries to a safe conduit, such as a teddy or a jar, supported children's control over what worries to share, focused attention on their own words/drawings and enabled, where they agreed, for practitioners to advocate on their behalf. As Beetham et al (2019) stress, for these activities to mobilise change, adults (in this case children's practitioners) need to use their 'epistemological positions as 'experts' to facilitate children's choices in contexts within which they typically have little choice' (p573). This was clearly demonstrated in children's, as well as mothers', accounts.

Our findings illustrate that younger children, if appropriately supported by skilled and experienced workers who recognise the agentic capacity of children, can identify the impact of their domestic abuse experiences, share their worries and work through these within a trusted reciprocal relationship. As others have also shown (Humphreys et al., 2011; Thompson, 2011), this support enables the silence and stigma children encounter around domestic abuse to be lifted.

Our study also identified that children's contextual engagement was further supported where mothers also engaged with services, demonstrating to their children that it was acceptable and safe to talk. While acknowledging the central importance of providing direct services for children in their own right, the support mothers received enabled them to better recognise the impact of abuse for their children, support their children's engagement and agency through intergenerational relational practices and be part of their children's recovery.

While support for mothers was offered in a variety of formats, matched to their stages of recovery, work with children was not conditional on mothers' involvement and

did not conform to the parallel group format of the Ontario Model which has been influential in the UK (Morrison (2024; Barter et al., 2024). This allowed for flexibility in patterns of engagement with one mother accepting support once she perceived the benefits for her children and another declining support due to not feeling ready to engage. As Humphreys et al (2011) have argued, domestic abuse undermines mother–child relationships and many of the benefits described by children and mothers in this study concerned their increased capacity to discuss painful and difficult issues together and to acknowledge their differing perspectives. Research that can follow families over longer periods of time would assist in discovering whether these shifts in communication patterns are sustained.

The case study findings highlighted diversity in children's and mothers' perceptions and in the experiences and views of siblings and these variations reflect differences in power and position within the family as well as developmental distinctions. A larger study that included more cases might allow for conclusions to be drawn about how best to support engagement for diverse groups of children, as well as target different developmental stages. We note that an intervention that includes both individual and group work with children and their mothers can respond to differing experiences and needs more readily.

Finally, much of the work described here was undertaken in the context of the global pandemic and this offered the opportunity to explore the strengths and drawbacks of online delivery of these interventions. While face-to-face interventions may be optimum in the initial stages of establishing a therapeutic relationship, especially with children, some children found digital sessions comfortable and hybrid models of intervention merit further testing (Stanley et al., 2021).

Our study provides strong evidence, supporting previous research, of the necessity of including, and prioritising, the views and experiences of children, including younger children, in studies of domestic abuse services which aim to support children's engagement and recovery. However, our case study approach has also enabled a more multifaceted picture to emerge which shows how integrated services, which seek to support both children and their mothers, can provide a holistic response to support children's engagement to overcome the impact of domestic abuse.

Conclusion

The introduction to this paper highlighted the shortfall in provision in respect of programmes targeting the recovery of children and their mothers who have experienced domestic abuse. The restricted availability of these interventions and the widespread nature of the need for them makes it essential that those programmes that are funded

and supported are built on evidence of what supports children to engage in services to achieve positive outcomes. At present, many UK interventions for families experiencing domestic abuse are delivered on a piecemeal, short-term basis in line with the funding landscape (Domestic Abuse Commissioner, 2021): the programme described here is no longer delivered in one site and has assumed a different form in another. Thus, it is especially important that innovative programmes, such as this, are manualised so that their core components can be replicated elsewhere. Our research contributes to building knowledge in this arena by eliciting from multiple perspectives, while foregrounding children's accounts, key requirements for services seeking to support children's engagement and recovery. The benefits of an intervention need to be experienced by children themselves and this study indicates the limitations of research that relies solely on mothers' accounts of children's experiences of services. There is a risk that children's experiences are lost or treated as subsidiary by interventions and evaluations that address the 'whole family'. There are more challenges in engaging younger children particularly in both services and in research than are encountered with older young people and adults (Eliffe et al., 2020). The service studied here benefited from a willingness to view children as active participants in the therapeutic process and the research approached them similarly. Importantly, we have also evidenced limitations of positive change as identified by children. Nevertheless, the case studies demonstrate that specialist support for children and their mothers, which recognises their differences as well as their shared experiences, and fosters communication to (re)connect families can reduce the silence around domestic abuse and enable families to move towards harm free futures together.

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Data Availability Supporting data is not available due to the sensitivity of the research.

Declarations

Ethics approval Ethical approval for the study was received from the Business, Arts, Humanities and Social Sciences (BAHSS2) Ethics Review Panel, University of Central Lancashire.

We followed the Women's Aid (2020) a Research Integrity Framework for Domestic Violence and Abuse. <https://www.womensaid.org.uk/wp-content/uploads/2020/11/Research-Integrity-Framework-RIF-on-Domestic-Violence-and-Abuse-DVA-November-2020.pdf>

Consent to participate All participants provided written consent to participate and for publication.

Competing Interest No conflict of Interest declared.

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